



**SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT
BY A CANDIDATE'S COMMITTEE
(\$1,000 CONTRIBUTIONS OR MORE)**

State Form 48492 (R4/11-05)
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-11
REPORT

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name <u>BENJAMIN D. HUNTER</u>		2. Committee Telephone Number <u>(317) 508-0688</u>	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <u>10921 MIDNIGHT DR</u>			
4. City <u>INDIANAPOLIS</u>	State <u>IN</u>	ZIP Code <u>46239</u>	5. Party Affiliation or If Independent Candidate <u>REPUBLICAN</u>
6. Office Sought (include district number, if any. Not required for exploratory committee.) <u>CITY COUNCIL DISTRICT #19</u>			7. County of Residence <u>MARION</u>
8. Reporting Period: From: <u>10/10/2015</u> Through: <u>12/31/2015</u>			

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification 1.	<u>INDY CHAMBER BUSINESS ADVOCACY CMTE 111 MONUMENT CIRCLE INDIANAPOLIS IN 46204</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	<u>\$1,000⁰⁰</u>	<u>10/23/15</u> <u>CR</u>
Contributor's Occupation (if applicable)				
Classification 2.	<u>FRIENDS OF MIKE McQUILLAN PO BOX 50022 INDIANAPOLIS IN 46250</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)	<u>\$1,000⁰⁰</u>	<u>10/23/15</u> <u>CR</u>
Contributor's Occupation (if applicable)				
Classification 3.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify)		
Contributor's Occupation (if applicable)				

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE.

Signature of Treasurer <u>[Signature]</u>	Title <u>TREASURER</u>	Date (MM-DD-YY) <u>10/26/2015</u>
Signature of Candidate (if applicable) <u>[Signature]</u>		Date (MM-DD-YY) <u>10/26/2015</u>

Warning: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

FOR OFFICE USE ONLY

FILED

OCT 26 2015

Myla A. Eldridge